

# GOVERNMENT OF THE DISTRICT OF COLUMBIA



## **SAMPLE NOTICE: Non-MAGI Renewal Approval Notice**

Notice Date: 06/01/2023

Account ID: 999999999

JOHN DOE  
441 4<sup>TH</sup> STREET, NW  
WASHINGTON, DC 20001

### **Subject: Medicaid Eligibility at Renewal**

Dear JOHN DOE:

A Medicaid renewal you submitted on **04/15/2023** was processed on **05/31/2023** and the following person(s) were determined eligible for continued medical assistance.

JOHN DOE

Information about other person(s) who submitted a renewal form for continued medical assistance through District Direct will be sent in a separate notice.

### **Congratulations!**

The following person(s) qualify for Medicaid health coverage for an additional twelve (12) months. These individuals are eligible for Medicaid coverage until June 30, 2024 unless a change occurs which impacts their eligibility for Medicaid coverage. The following person(s) can continue to use their health coverage and receive health services from any doctor, clinic, or other health care provider who accepts D.C. Medicaid.

The determination that they continue to be eligible for Medicaid for an additional 12 months was based on reliable information available to us from your account and any recent information available to us including, but not limited to, information accessed through Federal and Local databases or information you provided on a renewal form. The specific regulation supporting renewal on this basis is 42 C.F.R. § 435.916(b).

JOHN DOE: Medicaid ID# 999999999

The following persons continue to qualify for the Qualified Medicare Beneficiary Plus (QMB+) program for the next twelve (12) months. They are eligible for Medicaid coverage until June 30, 2024, unless a change occurs which impacts your eligibility for Medicaid coverage. Beneficiaries

**Questions?** Call District Direct Customer Service at 1-202-727-5355 or go online to [www.districtdirect.dc.gov](http://www.districtdirect.dc.gov). **[If Assister/Broker Assigned]** You may also contact <assister/broker organization name> at <assister/broker organization phone>.

will continue to receive full Medicaid benefits and help with monthly Medicare premiums and cost sharing.

The determination that they continue to be eligible for Medicaid for an additional 12 months was based on reliable information available to us from your account and any recent information available to us including, but not limited to, information accessed through databases or information you provided on a renewal form. The specific regulation supporting renewal on this basis is 42 C.F.R. § 435.916(b).

JOHN DOE: Medicaid ID# 99999999

## Using Your Health Coverage

You continue to qualify for the Qualified Medicare Beneficiary Plus (QMB+) program for the next twelve (12) months. The individual(s) listed above should show their Medicare and Medicaid cards when they see a doctor or get health care services.

JOHN DOE

## What is Covered

Medicaid covers many health care services, including doctor's visits, hospital care, and prescriptions.

QMB+ eligible persons will get help paying for all of their Medicare expenses, including Part A and/or Part B premiums, deductibles and coinsurance payments. They will also be eligible for a free Medicare Prescription Drug plan (Part D) with the Extra Help benefit. It is important to select a Part D plan right away since the Medicaid program will no longer cover most of your medications once you are eligible for Medicare. Contact the Health Insurance Counseling Project (202) 994-6272 if you have any questions about your Medicare Part D plan. If you are being billed by your Medicare providers, contact the DC Healthcare Ombudsman's Office at (202)-724-7491.

## Choosing a Medicaid Health Plan

If you added additional people on the renewal form and they were approved for Medicaid, they will need to choose a health plan in the next 30 days. **If they do not select a health plan within 30 days, they will automatically be assigned to a plan.** We will send you more information about choosing a health plan in the mail. You can also call (800) 620-7802 to learn more about your plan options. Once enrolled in a health plan, they will receive a member identification card. Once they are enrolled in a Medicaid health plan they will have to go to doctors, clinics or other health care providers who accept their health plan. They should take both their Medicaid card and member identification card with them when they go to the doctor.

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## Reporting Changes for Individuals Receiving Medicaid

You must report any changes that might affect you or your household member's eligibility for Medicaid such as if:

- You move;
- Your income or assets change;
- Your household changes - For example, someone joins your household, someone leaves your household, you marry or divorce, become pregnant, or have/adopt a child;
- Your immigration status changes;
- You or a family member becomes incarcerated;
- Death.

The law requiring you to report these changes can be found at: 42 C.F.R. § 435.916(c), and 29 DCMR § 9501.15.

## How to Report Changes

You can report changes either online, by phone, through U.S. Postal mail, or in-person. Please refer to the attached information sheet.

## Your Secure User Account

You can access/create an account with District Direct. Please refer to the attached information sheet.

## Renewing Coverage

You must renew your Medicaid health coverage every year. Watch for a letter at renewal time. Your renewal time will be on June 30, 2024.

## Other Available Services

**Non-Health Services** - You may also qualify for other assistance, such as help buying food. For more information call (855) 532-5465. If you are a pregnant woman, breast feeding, post-partum, or have a child under age five, you may be able to receive healthy and nutritious food through the WIC agency. Please contact the WIC hotline at 1-800-345-1WIC for more information and to see if you qualify.

## If You Think We Made a Mistake

If you disagree with any determination about the amount or type of health care coverage benefits you or any of the other persons listed on your application or renewal form was found eligible for, you have the right to appeal the determination(s). You may request an appeal by phone, in

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person, online, and by mail. You must request an appeal by **09/30/2023**. 42 C.F.R. §431.221(d), D.C. Official Code §4-210.09. **See the insert for more information on your appeal rights.**

**(Revised in October 2022)**

SAMPLE

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